



01-11-06

IPW

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|-----|------------------------|-------------------|
| | | Application Number | 10/777,524 |
| | | Filing Date | February 11, 2004 |
| | | First Named Inventor | Gosse Jan ADEMA |
| | | Art Unit | 1647 |
| | | Examiner Name | B. Bunner |
| Total Number of Pages in This Submission | 207 | Attorney Docket Number | 140942001311 |

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply with Exhibits A through Q (198 pages) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Affidavits/declaration(s) (as Exhibit A) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a/b (1 page + duplicate) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 24 References |
| <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental – 3 pages) | <input type="checkbox"/> CD, Number of CD(s) | Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Customer No. 25225 | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | | | |
| Printed name | James J. Mullen III, Ph.D. | | |
| Date | January 10, 2006 | Reg. No. | 44,957 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 761645468 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 10, 2006

Signature:

(Grace Yu)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

| | | |
|--------------------------------|------|----------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 1,200.00 |
|--------------------------------|------|----------|

| | |
|--------------------------|-------------------|
| Complete if Known | |
| Application Number | 10/777,524 |
| Filing Date | February 11, 2004 |
| First Named Inventor | Gosse Jan ADEMA |
| Examiner Name | B. Bunner |
| Art Unit | 1647 |
| Attorney Docket No. | 140942001311 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| | |
|-----------------|---------------------|
| <u>Fee (\$)</u> | <u>Small Entity</u> |
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - = | x | = | 0.00 |

| | |
|----------------------------------|----------------------|
| <u>Multiple Dependent Claims</u> | |
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 0.00 | |

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - = | x | = | 0.00 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | /50 | (round up to a whole number) x | = | 0.00 |

4. OTHER FEE(S)

| | |
|---|----------|
| Non-English Specification, \$130 fee (no small entity discount) | 0.00 |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | 180.00 |
| 1253 Extension for response within third month | 1,020.00 |

| | | | | |
|---------------------|----------------------------|--------------------------------------|------------------|--------------------------|
| SUBMITTED BY | | | | |
| Signature | | Registration No. (Attorney/Agent) | 44,957 | Telephone (858) 720-7940 |
| Name (Print/Type) | James J. Mullen III, Ph.D. | Date | January 10, 2006 | |